



City of Shoreview
4600 Victoria Street North
Shoreview, MN 55126
P. (651) 490-4600 | F. 651-490-4699

2016 Tree Trimmer License Application

Applicant Information

If applicant is an individual, this application shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

Business Name _____

Business Address _____
Street City State Zip

Mailing Address (if different) _____

Business Phone () _____ Website: _____

MN Business Tax ID No. _____

(per MN Stat. § 270C.72)

Federal Business Tax ID No. _____

Licensing Contact Name _____

Licensing Contact Phone _____ Email _____

Do you have ISA Certified Arborists on staff? ☐ Yes ☐ No

Do you provide root graft barrier installation? ☐ Yes ☐ No

Do you use chemical substances in any activity related to treatment or disease control? ☐ Yes ☐ No

If yes, attach copy of "Commercial Pesticide Applicator" license issued by the

Minnesota Department of Agriculture. ☐ Attachment

Which of the following preventative treatments do you provide?

a. Fungicide injections for oak wilt? ☐ Yes ☐ No

b. Fungicide injections for Dutch elm disease? ☐ Yes ☐ No

c. Insecticide injections for emerald ash borer? ☐ Yes ☐ No

This application is incomplete without Proof of Insurance, MN Workers' Certificate of Compliance, Surety Bond, and Application Fee.

ANNUAL LICENSE FEE: \$50.00 | ALL LICENSES EXPIRE DECEMBER 31ST.

Certificate of Insurance Requirements

All contractors must have a certificate of insurance made out to the City of Shoreview in the amounts of:

\$200,000 per claimant (minimum)

\$600,000 per occurrence for injuries to persons

\$200,000 for property damage

Certificate of insurance must be on file before an application is approved.

Certificate of Bond(s) Requirements

Tree contractors must supply a Surety Bond in the amount of \$2,500 that states the type of work to be performed. Licenses are approved by the City Council at the regular monthly meetings.

If you have questions, please call **Shoreview City Hall at 651-490-4600.**

Notice and Signature

I, the undersigned, hereby certify that the foregoing information in this application, furnished by me, is true and correct to the best of my knowledge. I further understand that providing any false information on this application will be cause for denial.

The information requested on this form will be used by the City of Shoreview in the issuance of your license or processing of your renewal application. The information that you supply on this form will become public information when received by the City of Shoreview. Under Minnesota law (M.S. 270.72), the City may be required to provide the business tax identification number and social security number of each applicant to the Minnesota Commissioner of Revenue.

X _____

Applicant Signature

Date

THE LICENSE APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL ALL PAPERWORK HAS BEEN RECEIVED. THIS INCLUDES THE INSURANCE AND BOND REQUIREMENTS.

CITY HALL MUST BE CONTACTED TO ENSURE THAT THE LICENSE IS COMPLETE BEFORE SITE WORK IS STARTED.

Updated 07/15

For office use only

Date appl. rec'd/fee paid _____ Amount \$ _____ Receipt no. _____

Approve/Deny _____ License no. _____ Updated to website _____

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE

Minnesota Statutes §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes Chapter 176. If the required information is not provided or is falsely stated it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

Number 1 – Workers' compensation insurance policy information

Insurance company name (not the insurance agent)	NAIC number
Policy number	Effective date
	Expiration date

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- ☐ I have no employees. (See Minnesota Statute § 176.011, subd. 9 for the definition of an employee.)
- ☐ I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minnesota Statute § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.